

# PROVIDER BULLETIN 09-03

Date: March 5, 2009

TO: Nebraska Medicaid Swing Bed Providers

FROM: Vivianne M. Chaumont, Director  
Division of Medicaid & Long-Term Care

BY: Melissa A. Haecker, Program Specialist

RE: CY2009 Medicaid Swing Bed Per Diem

**Please share this information with your billing and administrative staff.**

Effective January 1, 2009, the Medicaid per diem rate for SNF care in hospital swing beds is \$137.93. This is the rate that will be paid for Medicaid swing bed clients whose care is not covered by Medicare (billed on the MC-4, Nursing-Home Turnaround Billing Document). Claims for services on or after 1-1-2009, which have been paid at the 2008 rate, will be automatically adjusted to the correct rate.

The following policies and procedures apply to services provided to swing bed (SNF) patients who are Medicaid only (i.e. Medicare is not involved in the SNF care), either because the patient is ineligible for Medicare Part A, or because the specific SNF service is not covered by Medicare.

Laboratory, X-ray and Respiratory Services: Bill on HCFA-1450 (UB-92) as an outpatient service.

Physical, Speech and Occupational Therapy: Bill on HCFA-1450 (UB-92) as an outpatient service.

For questions regarding these services, contact **Margaret Booth at 402-471-9380.**

**Medication:** Medication must be billed on NE-POP system by a pharmacy licensed by the Nebraska Department of Health and Human Services, Division of Public Health. "Drug room" services are not separately billable. For questions on medication billing, contact the **DHHS Pharmacy Consultant at 402-471-9301.**

**Skilled Nursing Care:** Skilled nursing care (per diem) is billed on Form MC-4, Nursing Home Turnaround Billing Document, based on authorized services. For questions on the Turnaround Document, contact **Elizabeth Longman at 1-877-255-3092** and follow the prompts to "nursing home claims."

Prior authorization is issued on Form MC-9NF (Prior Authorization for Nursing Facility Care). If the skilled nursing need is for therapy, please include the therapy plan and progress notes. Therapy must be rehabilitative.

To obtain Form MC-9NF, contact your local Health and Human Services office.

All three forms (i.e. completed MC-9NF form, History & Physical form, and Medications & Treatments form) should be submitted to:

**DHHS Division of Medicaid and Long-Term Care**  
**Attention: Rosemary Stubbendeck, RN**  
**PO Box 95026**  
**Lincoln, NE 68509-5026**

**NOTE:** Nebraska Medicaid policy is available on the Department of Health and Human Services website at <http://www.nebraska.gov/reg/471.htm>

If you have questions about this Provider Bulletin, please contact **Melissa A. Haecker at 402-471-9279**.